

FEC FORM 3L

REPORT OF CONTRIBUTIONS BUNDLED BY LOBBYISTS/REGISTRANTS AND LOBBYIST/REGISTRANT PACs

SECRETARY OF THE SENATE
09 JUL 20 AM 11:50

1. NAME OF COMMITTEE (in full) **CHARLIE CRIST FOR US SENATE** USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines

ADDRESS (number and street) **PO BOX 1694**
☐ Check if different than previously reported. (ACC)
TALLAHASSEE **FL** **32302**
CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER **C00462135** 3. IS THIS REPORT ☒ NEW (N) OR ☐ AMENDED (A) 4. STATE **FL** DISTRICT **00**

5. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
☐ April 15 Quarterly Report (Q1)
☒ July 15 Quarterly Report (Q2) and/or Semi-annual Report
☐ October 15 Quarterly Report (Q3)
☐ January 31 Year-End Report (YE) and/or Semi-annual Report
☐ July 31 Mid-Year Report (Non-election Year - PAC/Party) (MY) and/or Semi-annual Report
(b) Monthly Report Due On: ☐ Feb 20 (M2) ☐ May 20 (M5) ☐ Aug 20 (M8) ☐ Nov 20 (M11) (Non-Election Year Only)
☐ Mar 20 (M3) ☐ Jun 20 (M6) ☐ Sep 20 (M9) ☐ Dec 20 (M12) (Non-Election Year Only)
☐ Apr 20 (M4) ☐ Jul 20 (M7) and/or Semi-annual R report ☐ Oct 20 (M10) ☐ Jan 31 (YE) and/or Semi-annual Report
(c) 12-Day PRE-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Run off (12R)
☐ Special (12S) ☐ Convention (12C) This report also covers the semi-annual period
Election on in the State of **FL** See Line 6(b)
(c) 30-Day POST-Election Report for the: ☐ General (30G) ☐ Runoff (30R) ☐ Special (30S) This report also covers the semi-annual period
Election on in the State of See Line 6(b)

6. Covering Period(s) (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
0 4 **0 1** **2 0 0 9** through **0 6** **3 0** **2 0 0 9** and/or ☒ January 1 - June 30
☐ July 1 - December 31

7. Total Reportable Bundled Contributions by Lobbyists/Registrants or Lobbyist/Registrant PACs (a) Quarterly/Monthly/Pre-/Post-Election Covered Period (b) Semi-annual Covered Period
189950.00 **189950.00**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Frederick Carroll, III**

Signature of Treasurer *Frederick Carroll, III CPA* Date **07** **15** **2009**

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

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02/2009

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